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| Substitute for form 1449/PTO (Revised 07/2007) INFORMATION DISCLOSURE STATEMENT BY APPLICANT (Use as many sheets as necessary) | | | | Complete if Known | |
| | | | | Application Number | |
| | | | | Filing Date | |
| | | | | First Named Inventor | |
| | | | | Art Unit | |
| Examiner Name | | | | Walker, Amanda H. | |
| Sheet | | | | 1 of 1 | |
| Attorney Docket Number | | | | 048057/345840 | |

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| Examiner Signature | /Jonathan Stroud/ | | | Date Considered | 11/06/2008 | |

*Examiner. Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.